

Congress of the United States House of Representatives Washington, D.C. 20515

Service Academy Nomination Application Checklist

*Please submit all items below for your application to be considered complete.

	Applicant Initials	Staff initials (For office use only)			
Checklist					
Picture (Name on reverse side)					
Complete Application Form					
Current Professional Resume					
Essay					
Transcript(s)					
Test Score(s) (ACT or SAT)					
Letter of Recommendation(x3)					



COMMITTEE ON FINANCIAL SERVICES COMMITTEE ON FOREIGN AFFAIRS

Congress of the United States House of Representatives Washington, D.C. 20515

Congressman Dean Phillips – 3rd District, Minnesota APPLICATION

FOR NOMINATION TO U. S. SERVICE ACADEMIES

US Air Force Academy US Merchant Marine Academy US Military Academy US Naval Academy	Rank School Preference **rank only academies where a file has been opened** 1
Personal Information:	
Full Name (Last, First, Middle):	
Social Security Number:	
Date of Birth:/	MaleFemale
Permanent Address in the 3 rd Distri	ct:
City:	County: Zip:
Home Phone:	Cell Phone:
Temporary Address and Phone:	
Email Address:	
Parent(s) or Guardian(s) Inform	ation:
Name:Phor	ne:
Address: (Street, City, State, Zip)	
Name:Pho	ne:
Address:(Street, City, State, Zip)	

Academic Information:

High School:
* If Attending a Service Academy Prep School or College, Please Specify:
Service Academy Prep School or College Attended:
City: Phone:
Class Rank:out of GPA: Graduation Year:
ACT: English Math Reading Science Composite
SAT: MathVerbal
Military Service, if any (include branch, rank, service number, and length of service):
Please attach a copy of your resume outlining your extracurricular activities and involvement

Names and Addresses of Three People Writing Your Recommendations **Please note: recommendations may not come from family members. Letters must be dated, signed, and include an address for the individual providing the

Name			_	
Address:				
	(Street, City, State, Zip)			
Name			_	
Address:				
	(Street, City, State, Zip)			
Name			_	
Address:				
	(Street, City, State, Zip)			
Iave you appli	ed with Senator Klobuc	har? Senator S	Smith?	
Name(s) of Office	ce(s):			
Signature [.]		Date:		/

* * * * PLEASE SUBMIT THE FOLLOWING MATERIALS TO THE DISTRICT OFFICE by the close of business Monday, NOVEMBER 4, 2019

• This Application form

recommendation.**

- Three (3) letters of recommendation, Signed, Dated, Contact Information
- High School Transcript (mailed directly from your High School); and
- College or Prep School Transcript, if applicable
- SAT and/or ACT scores (Photocopies from official testing website are acceptable)
- One page essay (typed) about why you would like to attend a service academy
- Headshot/ Portrait Photo of you

SEND APPLICATIONS TO:

Office of Congressman Dean Phillips, ATTN: Rollie Olson 13911 Ridedale Drive, Suite 200 Minnetonka, MN 55305 Please call 952-656-5167 or email Rollie.olson@mail.house.gov with any questions.